

OHIO DEPARTMENT OF HEALTH - VITAL STATISTICS CERTIFICATE OF DEATH			
Primary Reg. Dist. No. 2501 Registrar's No. 2022015192		Ohio Department of Health - Vital Statistics State File No. 2022134086	
DECEDENT		1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) LINDA M DIAMOND 4. Social Security Number 334-38-3691 5a. Age 81 5b. Under 1 Year Months 5c. Under 1 Day Days 5d. Hours Minutes 6. Date of Birth (Mo/Day/Year) NOVEMBER 28, 1941 7. Birthplace (City and State or Foreign Country) CHICAGO, ILLINOIS	
DISPOSITION		2. Sex FEMALE 3. Date of Death (Month/Day/Year) DECEMBER 16, 2022 8a. Residence State OHIO 8b. County FRANKLIN 8c. City or Town COLUMBUS 8d. Street Address and Zip Code 1800 RIVERSIDE DRIVE APT. 1413 43212 9. Ever In US Armed Forces? NO 10. Marital Status at Time of Death MARRIED 11. Surviving Spouse's Name (if any, give name prior to first marriage) DARROUGH DIAMOND 12. Decedent's Education MASTERS DEGREE (E.G., MA, MS..) 13. Decedent of Hispanic Origin NO 14. Decedent's Race WHITE 15. Father's Name JOHN MANN 16. Mother's Name (prior to first marriage) IRENE WATKINS 17a. Informant Name DARROUGH DIAMOND 17b. Relationship to Decedent HUSBAND 17c. Mailing Address (Street and Number, City, State, Zip Code) 1800 RIVERSIDE DRIVE 1413 COLUMBUS, OHIO 43212 18a. Place of Death HOSPITAL - INPATIENT 18c. City or Town, State and Zip Code COLUMBUS, OH 43210 18d. County of Death FRANKLIN 18b. Facility Name (if not institution, give street & number) OHIO STATE UNIVERSITY HOSPITALS 19. Funeral Service Licensee or Other Agent ASHLEY R SAYED 20. License Number (of licensee) 009939 21. Name and Complete Address of Funeral Facility NEPTUNE SOCIETY, HILLIARD 22. Method and Place of Disposition CREMATION - SCHOEDINGER/COLUMBUS CREMATORIUM, COLUMBUS, OH 4558 CEMETERY RD HILLIARD, OH 43026 23. Local Registrar Sandra Taylor 24. Date Filed (Month/Day/Year) JAN 06 2023 26a. Certifier <input checked="" type="checkbox"/> Concluding Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner on the date of examination and/or investigation. In my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 26b. Time of Death 8:31 AM 26c. Date Pronounced Dead (Month/Day/Year) 12/16/2022 26d. Was Case Referred to Medical Examiner or Coroner? NO 26e. Coroner's Name and Title Casey Cosgrove 26f. License number MD 26g. Date Signed (Month/Day/Year) 35.128121 12/06/2022 27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death CASEY COSGROVE, 410 W. 10TH AVE, COLUMBUS, OH 43210 28. Part I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. Type or print in permanent ink to avoid ink. Immediate Cause (Final disease or condition resulting in death) a. Myocarditis 29. Approximate Interval: Onset and Death 12/2022 Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) Immune related side effect 5/2020 c. Due to (or as Consequence of) Ovarian cancer 5/2020 d. Due to (or as Consequence of) Enter Underlying Cause (Disease or injury that initiated events resulting in a death) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Probably 31. If Female, Pregnancy Status <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year 32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined 33a. Date of Injury (Mo/Day/Year) 33b. Time of Injury 33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No 33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 33f. Describe How Injury Occurred: 33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other: HSA 5124 Rev. 02/18	

Sandra Taylor, Franklin County Registrar

JAN 06 2023

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